

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 21, 2021

Catherine Reese Vibrant Life Senior Living, Superior Township, LLC 4488 Jackson Road Ste 2 Ann Arbor, MI 48103

RE: License #: AL810390975

Vibrant Life Senior Living, Superior #4

8100 Geddes Road Ypsilanti, MI 48198

Dear Ms. Reese:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation?
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (313) 456-0380.

Sincerely,

Vanon Beullin

Vanita C. Bouldin, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 395-4037

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MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AL810390975

Licensee Name: Vibrant Life Senior Living, Superior Township,

LLC

Licensee Address: 4488 Jackson Road Ste 2

Ann Arbor, MI 48103

Licensee Telephone #: (734) 819-7790

Licensee/Licensee Designee: Catherine Reese

Administrator: Catherine Reese

Name of Facility: Vibrant Life Senior Living, Superior #4

Facility Address: 8100 Geddes Road

Ypsilanti, MI 48198

Facility Telephone #: (734) 484-4740

Original Issuance Date: 01/17/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

AGED

ALZHEIMERS

II. METHODS OF INSPECTION

Date of	of On-site Inspection(s): 06/17/2021	
Date of Bureau of Fire Services Inspection if applicable: 04/16/2021			
Date (of Health Authority Ins	spection if applicable: N/A	
Inspe	ction Type:	☐ Interview and Observate ☐ Combination	tion ⊠ Worksheet □ Full Fire Safety
No. of	f staff interviewed and f residents interviewed f others interviewed		3 6
	Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. Due to COVID-19. Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.		
• N	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \square No \boxtimes If no, explain. No meals prepared/served during renewal inspection. Fire drills reviewed? Yes \boxtimes No \square If no, explain.		
• F	ire safety equipment	and practices observed? Y	es 🗵 No 🗌 If no, explain.
lf	E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain. Water temperatures checked? Yes ☐ No ☐ If no, explain.		
• C	lo follow-up needed. Corrective action plan N/A ⊠	up? Yes ☐ No ☑ If no, excompliance verified? Yes ☐ mployees followed-up?	·
• V	/ariances? Yes ☐ (pl	lease explain) No 🗌 N/A	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.15205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

No annual health review completed for employee, Jeremy T.

R 400.15208

Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
 - (f) Verification of reference checks.

No verification that references checks were completed for employees, Amy Y. and Jeremy T.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Annual health care appraisals not completed for residents, MJ and SJ. Not completed for 2020.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Annual written assessment plan not completed for resident SJ. Not completed for 2020.

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Annual resident care agreement not completed for resident SJ. Not completed for 2020.

Date: 06/21/2021

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Vanita C. Bouldin Licensing Consultant

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